Michelle Hill, LMFT
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242 W. Main St. #104, Tustin, CA 92780
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LIFE HISTORY QUESTIONNAIRE: ADOLESCENT

GENERAL

First Name: _____Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ State: _____Zip:_____

Home Phone Number: (_____)_____Cell Phone Number: (_____)_____

Email Address: _____Date of Birth:_____ Age: _____

PRESENTING CONCERNS

Briefly describe what brings you to counseling:

_____

_____

Approximately how long has this/these concern(s) been bothering you?

☐Day ☐Week ☐Month ☐Several Months ☐Year ☐Several Years ☐Most of My Life

Please CHECK ITEMS THAT APPLY. Check only those which apply to your presenting concern(s):

☐ Academic concerns
☐ Addictions
☐ ADHD/learning problems
☐ Adjustment to new situations
☐ Alcohol and drug concerns
☐ Anger management
☐ Anxiety, fear, nervousness
☐ Concentrations difficulties
☐ Concern with other's well-being
☐Cultural/multicultural concerns
☐ Depression, sadness
☐ Discrimination
☐ Eating concerns/body image
☐ Emotional or psychological abuse
☐ Family problems
☐ Feeling doomed or helpless
☐ Bullied/harassment
☐ Impulse control
☐ Internet/video game concerns
☐ Loneliness
☐ Loss, grief, death
☐ Self- esteem
☐ Medical or health concerns
☐ Mood swings
☐ Obsessive thoughts
☐ Panic attacks
☐ Paranoia
☐ Phobias
☐ Physical abuse or assault
☐ Procrastination
☐ Relationship concerns
☐ Sexual abuse or sexual assault
☐ Sexual concerns
☐ Sleep difficulties
☐ Spiritual or religious concerns
☐ Stress or tension
☐ Thinking about suicide
☐ Thoughts racing through your mind
☐Trouble making decisions
☐ Trouble getting things done
☐ Other present concerns (Specify):
_____

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How much do your concerns interfere with your: use scale below
(Low Interference: 1-----2-----3-----4-----5: Severe Interference)

Academic Performance:
Low: ☐ 1 ☐2 ☐3 ☐4 ☐5: Severe

Emotional Well-being:
Low: ☐ 1 ☐2 ☐3 ☐4 ☐5: Severe

Social Relationships/ Social Activities:
Low: ☐ 1 ☐2 ☐3 ☐4 ☐5: Severe

Daily Routine:
Low: ☐ 1 ☐2 ☐3 ☐4 ☐5: Severe

MENTAL HEALTH HISTORY

1. Have you received counseling or psychotherapy in the past?
☐ Never ☐ Prior to high school ☐ High school

2. List all medication and supplements you are currently taking: _____

3. Have you ever had thoughts of harming yourself?
☐ No ☐ Yes

4. Have you previously injured yourself (e.g., cutting, hitting, burning, etc.)
☐ No ☐ Yes (specify) _____

5. In the last few days, have you had suicidal thoughts?
☐ No ☐ Yes (specify) _____

6. Have you seriously considered attempting suicide in the past?
☐ No ☐ Yes (specify: age, issues, what happened? _____

7. Have you made a suicide attempt?
☐ No ☐ Yes (Specify): _____

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HEALTH & SOCIAL ISSUES

1. When was your last physical exam? Month: _____Year: _____

2. How is your physical health at present?
☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent

3. Have you had any serious accidents, injuries, or illnesses?
☐ No ☐ Yes (specify): _____

4. Please list any PERSISTENT PHYSICAL SYMPTOMS or health concerns (e.g., chronic pain, headaches, hypertension, diabetes, etc.): _____

5. Are you having any problems with your sleep habits?
☐ None ☐ Sleeping too much ☐Sleeping too little ☐Poor quality of sleep
☐ Disturbing Dreams ☐ Other (Specify): _____

6. How many times per week do you exercise?
☐ 1 or less ☐ 2-4 ☐ 5 or more

7. How long do you exercise each time?
_____

8. Are you having difficulty with appetite or eating habits?
☐ No difficulty ☐ Eating less ☐ Eating more ☐ Binging ☐ Restricting
☐ Significant weight change ☐ Other (specify): _____

FAMILY & CULTURAL BACKGROUND

1. Please indicate which of the following is true for yourself or any family member:

	Self	Mother	Father	Sibling	Grandparent	Aunt	Uncle
Depression							
Bipolar Disorder							
Suicide Attempts							
Anxiety							
Drug/Alcohol							

2. In general, how happy or adjusted were you growing up?
☐ Not at all ☐ Unsatisfactory ☐ Average ☐ Substantially ☐ Completely

3. How much do you identify with your ethnic heritage?
☐ Not at all ☐ A little ☐ Somewhat ☐ Moderately ☐ Strongly

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4. How much conflict do you currently experience with you parents?

☐ Very little or none ☐ Some ☐ Moderate ☐ Strong ☐ Extreme

5. Religious preference: _____

6. Are you currently active in your religion?

☐ No ☐ Yes

7. How much is you immediate family a source of emotional support for you?

☐ Not at all ☐ A little ☐ Somewhat ☐ Substantial ☐ Very strong

8. Did you experience LEARNING PROBLEMS in elementary or high school?

☐ None ☐ A little ☐ Some ☐ Substantial ☐ A lot, constant struggle

9. Please check any past, present, or impending special problems in your family:

☐ Divorce/ Marital problems ☐ Serious physical illness, disability or death ☐ Legal problems
☐ Alcohol/Substance abuse problems ☐ Psychiatric illness/Emotional problems
☐ Financial Problems/ Unemployment ☐ Other: _____

10. What are three qualities you like about yourself?

1.

2.

3.